

Dear Dr.....

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Swansea NSW 2281

DR VISHU THERAABN 73 323 909 012

DR BENNY BAHTAMABN 68 489 199 436

DR RAVI VALLABHANENI ABN 18 525 129 418

DR POORNASITA KUMAR ABN 89 468 744 584

DR PRABAKAR SUBBARAJU ABN 91 134 989 174

DR GILLIAN FENTON ABN 82 368 608 945

DR MARY PRICE ABN 52 836 207 652

The following patient/s are now attending our practice and request that their medical records are forwarded to our practice at your earliest convenience. If you are able to send the records electronically this is preferable in XML format. Thank you.

Doctor's address, phone or fax

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**If you are sending notes electronically, our practice uses Best Practice software ** **If you are faxing please don't fax anything more than 12 pages ** Our practice does not accept hard copy records over 12 pages

Could you please assist us by advising if your patient/s has had any of the following assessments or reviews conducted in the last 2 years:

| GPMP Health Assessment GP Mental Health Plan GP Mental Health Review Healthy Kids check | Date: Date: Date: Date: Date: | Team Care Arrangement Home Medication Review Diabetes Cycle of Care 45-49 years check Asthma Cycle of Care | Date: Date: Date: Date: |
|---|-------------------------------|--|----------------------------------|
| Names:Date of Birth | | | |
| Date of Birth | | | |
| Date of Birth | | | |
| | | Date of Birth | |
| Present Address | | | |
| Yours sincerely Drs Thera, Bahtam, Vall, Kumar, Prabakar, Fenton, Price | | | |
| I hereby give permission for release of my medical records | | | |
| Patient's authority: Signature | | | |